

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008098

FILED
Apr 24, 2008
Secretary of State

Entity Name: LELAND FAMILY MINISTRIES, INC.

Current Principal Place of Business:

550 E. DAVIDSON STREET
BARTOW, FL 33830

New Principal Place of Business:

1715 HIGHWAY 17 S.
BARTOW, FL 33830

Current Mailing Address:

P.O. BOX 126
EASTON PARK, FL 33840

New Mailing Address:

P.O. BOX 123
BARTOW, FL 33831

FEI Number: 59-3691776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBEE, ELIZABETH
550 E DAVIDSON STREET
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

COMBEE, ELIZABETH A
450 SHADY LANE
BARTOW, FL 33830 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELIZABETH A. COMBEE

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COMBEE, ELIZABETH A
Address: 2032 PARKER RD
City-St-Zip: LAKELAND, FL 33811

Title: SD () Delete
Name: FRANKLIN, BRITT
Address: 4200 CRAIG RD
City-St-Zip: AUBURNDALE, FL 33823

Title: T () Delete
Name: MORA, CINDY
Address: 1995 LAKE BUFFUM ROAD EAST
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COMBEE, ELIZABETH A
Address: 450 SHADY LANE
City-St-Zip: BARTOW, FL 33830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KELLON, GLORIA
Address: 6308 SWEETWATER DR. EAST
City-St-Zip: LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A. COMBEE

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date